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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTHState File No. 1020
Registered No. 47

1. PLACE OF BIRTH

County GilaState Arizona

District or Township

or Village

City Globe

No.

St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Juan Reynosa

(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child
maleTo be answered ONLY
in event of plural
births.

4. Twin, triplet or other

6. Legitimate?

7. Date

5. No., in order of birth

1stnoof birth July 34, 1911

Month Day Year

8.

FATHER

Full Name

Marcos Reynosa

14.

MOTHER

Full maiden name

Cecilia Martinez

9. Residence

(Usual place of abode)

Globe, Arizona

15. Residence

(Usual place of abode)

Globe, Arizona

If non-resident, give place and state.

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10. Color or race

Indian11. Age at last birthday 36 (Years)

16. Color or race

White17. Age at last birthday 23 (Years)

12. Birthplace (city or place)

Silver City

(State or country)

New Mexico

18. Birthplace (city or place)

State or country)

Mexico

13. Occupation

Laborer

Name of Industry

19. Occupation

Housewife

Nature of Industry.

20. Number of children of this mother.
(Taken as of time of birth of child herein
certified and including this child.)

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against oph-
thalmia neonatorum?no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive at 5 a. m. on the date above stated.
(Born alive or stillborn)*When there was no attending physician
or midwife, then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other
evidence of life after birth.

Signature

Marcos Reynosa

Witness:

Perce F. Anderson

Father

(Physician or midwife)

Give name added from
a supplemental report

Month, day, year

Address

1911-724-349

Registrar.

Filed 4/2 1931G. E. Wightman
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the
each in order of birth stated.Ophthalmia neonatorum or babies' sore eyes may cause the blindness of
the child unless prevented or cured.

Keep the discharge of the mother out of the baby's eyes.

Wipe the baby's eyes with absorbent cotton moistened in warm boiled
water as soon as the head is born.

Burn the cotton used; the disease is infectious.